

Pamphlet

HEALTH INSURANCE AND
THE PREVENTION OF
TUBERCULOSIS.

BY

JOHN B. ANDREWS, PH.D.,
NEW YORK.

Secretary, American Association for
Labor Legislation.

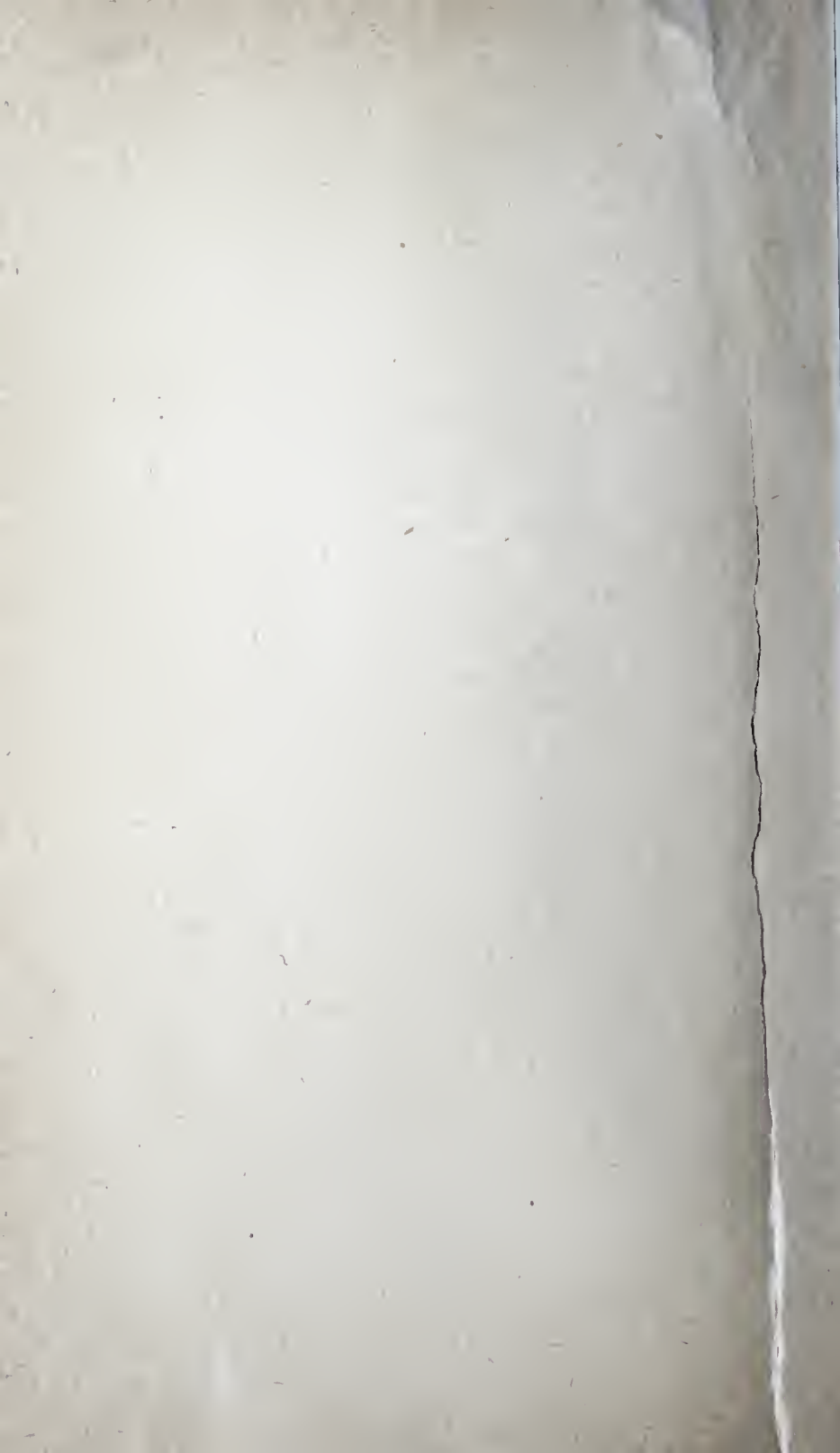
REPRINTED FROM

THE

MEDICAL RECORD

February 26, 1916.

WILLIAM WOOD & COMPANY
NEW YORK.



HEALTH INSURANCE AND THE PREVENTION OF TUBERCULOSIS.

BY JOHN B. ANDREWS, PH.D.,

NEW YORK.

SECRETARY, AMERICAN ASSOCIATION FOR LABOR LEGISLATION.

To Dr. Frederick L. Hoffman we owe a special debt of gratitude, for he has been one of the men most active in this country in pointing out the occupational aspects of tuberculosis. Largely through his researches the interested public now knows that the incidence of tuberculosis varies among the dusty trades according to the nature of the dust and the degree to which the workers are exposed. On this account tuberculosis may be classified as an *industrial* disease.

Hardly less energetic has Dr. Hoffman been in pointing out that tuberculosis is a *preventable* disease. In 1908 he estimated that it would be wholly possible to reduce the then existing death rate from tuberculosis among wage-earners by 37 per cent. This he calculated would result in an annual saving of 29,000 lives in this country. He concluded this earlier address by saying: "With such results clearly within the reach of practical attainment, nothing within reason should be left undone, as a national, State, and individual, or

Copyright, William Wood & Company.

social duty to prevent that needless, but now enormous, loss of human life from consumption in American industry."

To-day we are presenting a wholly practicable and reasonable method of prevention, one that is new and as yet untried in this country, although it has been tested and found effective by European nations. This new method is compulsory health insurance for all wage-earners, insurance to which employers, workmen, and the State contribute. Although this may at first seem radical, such a measure is justified, for tuberculosis is too often an industrial disease for which the employer is largely responsible—responsible to such a degree that compensation has already been paid in Massachusetts. Progressive employers have already begun to meet their responsibility by installing sickness insurance systems for the benefit of their own employees. The community is also responsible for diseases primarily due to defective housing and sanitation, and does its utmost to prevent such diseases. The workman is often responsible for his own illness, and sometimes unites with his shop mates to provide treatment, but is frequently unable to afford the necessary expensive medical care. The proposed distribution of the contributions thus recognizes the responsibility of all, and, by dividing the cost, helps the community, the employer, and the workman each to bear a proper share of the burden.

One of the most important fields of activity of the American Association for Labor Legislation has been social insurance. Through active campaigns it has aided the progress of workmen's compensation for accidents until now thirty-three of the States and territories have this legislation.

This association also took the leading part in stimulating investigation of the strictly occupational diseases which are also now compensated in a few States, but it is recognized that for the whole problem of sickness among workmen such provision is insufficient. In December, 1912, this Association, therefore, provided for a national committee to concentrate on insurance against sickness. As the result of three years' work a bill is now drafted according to standards adopted and distributed for criticism and suggestions more than one year earlier.

The plan combines the best points of the British and the German systems. Under this plan employers and workers would pay into a fund, while the workman is well, equal contributions, the joint sum of which the State would increase by one-quarter. The contributions, we think, should be graded according to the wages of the workman, and the total contribution of employer and workman should be higher in those industries or in those particular plants in which the sickness is greater than the average. In return for the combined contributions the worker would receive medical care, including medicines and nursing, a cash benefit for a maximum of twenty-six weeks in a year, and there would be funeral benefit at his death. The American employer would benefit by the increased efficiency of the workmen, just as the German employers admit they have gained. It is desirable that the insurance should be conducted through self-governing associations organized along trade or local lines so that the amount of sickness in a trade or in a particular locality may be brought to the attention of employers and workmen. This

organization would lend itself very readily to an effective health campaign. As a result the community as a whole would gain by the increased healthiness and by the diminution of poverty manufactured by sickness. Moreover, State supervision of the associations is desirable in order to insure solvency and to guarantee that contributions are not unnecessarily high and benefits not unduly low.

The preventive aspects of such a measure are not difficult to discern. Under the impetus of workmen's compensation there has been a growing movement for "safety first" and for physical examination of employees. The object of the first is to reduce *accidents*. That of the second is to improve the workman's health, thereby increasing his efficiency and diminishing the likelihood of prolonged and expensive convalescence following an injury. A comparable movement under health insurance to reduce *sickness* and its cost, may confidently be expected. The associations of employers and employees which pay out benefits would have a financial inducement to prevent sickness, in as much as prevention would result in a saving of expense. Therefore it is quite within the bounds of probability that the associations would find it to their financial advantage to urge early treatment, and even to provide the necessary hospitals and convalescent homes in order to expedite recovery. Not only the health of the workmen, but the sanitation of the factory—heating, ventilation, lighting, noise, and even the mode of cleaning—would all receive attention, since an improvement in these disease-provoking factors would avert much illness and thus reduce the premium payment.

Moreover, improved facility for medical care would be a preventive measure in itself. Many workmen who at present are unable to afford a doctor's care until it becomes imperative, would then be able to consult a physician as soon as it was clear that something was wrong. This should result in the detection of disease while it is in its incipient stage and more amenable to treatment. Thus after three years' experience with compulsory health insurance, the British physicians confess that only since the passage of the insurance act have they been able to treat anemia among the working classes.

These preventive measures are not Utopian dreams, but have been actually realized in foreign systems of health insurance. Although these preventive aspects are not confined to tuberculosis, the actual work done in promoting an effective fight against tuberculosis and in diminishing its ravages stand out, perhaps, more clearly than in the case of almost any other disease. Thus in Great Britain the provision under the national insurance act of 1911 for treatment for insured workers has stimulated a powerful national crusade against the disease. The committee which was appointed to consider the hospital accommodations necessary to provide insured tuberculous workers with treatment in sanatoria or otherwise came to the conclusion that the campaign would be more effective if the treatment might be extended to the entire tuberculous population. Later the government announced that it would meet half the expense incurred by local authorities in treating tuberculosis among the non-insured population. Within two years after the act came into operation 115 county and county

borough councils in England had submitted plans for the treatment of the entire population, while only eleven had failed to make such a plan.

This really national campaign in Great Britain derived its impetus from the provisions for the insured under the insurance act, and the uninsured too have, of course, benefited. The first effect has been to increase the availability of hospital beds already in existence but previously inaccessible to workingmen; the second has been to increase the actual accommodations. Within two years after the initiation of the act in England there were 3,000 beds in process of construction, 150 tuberculosis officers had been appointed, 150 new tuberculosis dispensaries had been opened, and nearly 1,000 shelters for out-of-door sleeping had become available. During the initial eighteen months, 19,400 insured tuberculous persons were treated at home, 8,800 through dispensaries, and 19,900 in institutions, making a total of 48,000 insured tuberculous persons who received treatment. Unfortunately, the figures for the non-insured are not available. Although in time this increased provision will result in improved health and lowered death rate, the act has, of course, been in operation too short a time for any statistical effect to be manifest.

In Germany, however, where similar measures have been in operation twenty-five to thirty years, marked results have been achieved. There the invalidity funds which afford benefit in case of prolonged disability are empowered to prevent the impending invalidity of an insured person by requiring the member to undergo treatment. In addition the funds may promote general measures for the prevention of invalidity or for the im-

provement of the general health conditions of the population subject to insurance. Under the provisions of the law, generous accommodations have been provided, so that, in 1910, 47,000 insured persons were cared for in sanatoria for an average of seventy-three days. In addition to the actual care of disease undertaken by the funds, they have been active in a campaign of prevention, in part through health lectures and in part through the promotion of improved housing. Because of the causal relation between housing and sickness, the invalidity funds have invested large sums in improved housing schemes, until they have become the most important organization in the German Empire for furnishing cheap capital for better homes for the workingmen. The place of insurance in the struggle against tuberculosis is illustrated by the fact that during the years 1897-1910, inclusive, out of a total of 733,000 persons receiving systematic courses of treatment under the invalidity insurance funds, nearly 322,000, or about 44 per cent., were treated for pulmonary tuberculosis.

The explanation of this active campaign against tuberculosis is a financial one. According to investigations carried on between 1896 and 1899 tuberculosis holds third place as the primary cause of invalidity among adult German males. In this sense invalidity means a definite reduction in earning capacity. In 1909 the expenditure of the funds upon tuberculosis was 67 per cent. of the total amount spent upon the care and treatment of all diseases. Under such an insurance scheme it is evidently a "paying proposition" to reduce tuberculosis.

The result of these preventive and curative

methods has been a marked increase in the number of cures. In 1897, 68 per cent. were so far cured at the end of their treatment that no danger was felt of their becoming unable to earn their livelihood; this percentage steadily increased until in 1909 it had reached 83. The tuberculosis death rate has decreased from 34.4 per 10,000 in 1880 to 16.6 per 10,000 in 1909, and to 13.65 per 10,000 in 1913.

These figures are sufficient to show that the campaign has been efficient. In the opinion of leading German authorities this amount of prevention would have been impossible without the industrial insurance laws. Privy Councillor Bielefeldt, Director of the Pension Board for the Hansa cities, says, "The conviction may be expressed, after the experience of several years, that an effective battle against consumption among the working classes would have been all but impossible without the workmen's insurance of the German Empire. . . . Professor Kayserling and Professor Frankel, who rank among the highest German authorities upon the subject, frankly attribute the progress which has been made in the crusade against tuberculosis *more* to the Industrial Insurance Laws than to any other cause, owing to the fact that these laws have placed within the reach of the working classes resources of healing never dreamt of before."

If increased interest in tuberculosis can be aroused by a measure for health insurance, if through this agency Germany has waged one of the most effective battles against tuberculosis which the world has ever seen, is it not time to try what such a measure will do in this country? Evidence is accumulating to show that representa-

tive and intelligent interest in such a plan is rapidly developing in America. Dr. Arthur Bevan as chairman of the Council on Medical Education of the American Medical Association said to that leading organization of medical men: "We are every day coming nearer the time when in this country we shall see laws enacted to provide, by some State insurance scheme, medical care for the poor as has been done for some years in Germany and as has recently been done in England. If the profession in this country is far-sighted it will recognize these coming events and direct them wisely."

An active committee for this purpose has more recently been appointed by the American Medical Association. Mr. F. C. Schwedtman, while chairman of the Committee for Accident Prevention and Workmen's Compensation of the National Association of Manufacturers, in a report to the President and the Board of Directors of that conservative body in 1914 declared: "I give it as my opinion that sickness insurance of some kind, with compulsory contribution on the part of the employers, will be enacted into law by many States of the Union within the next five years and that now is the time to go into this subject thoroughly." The *Union Labor Bulletin* makes this editorial observation: "Judging from the success attending its efforts in securing enactment of accident compensation laws in various States, the American Association for Labor Legislation is the proper body to propose and carry on to fruition plans for sickness insurance. . . . Labor representatives and organizations will lend every aid to such a campaign, understanding best of all, because of individual and collective experi-

ence, the economic loss to the nation because of sickness."

In the belief that sickness insurance is the most potent means for preventing illness, and especially tuberculosis, the American Association for Labor Legislation invites thoughtful study and active support of the bill for health insurance which it has framed after consultation with representative employers and workmen and members of the medical profession.

131 EAST TWENTY-THIRD STREET.